





## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of		BOX AF EXPEDITED PROCEDURE						
Ake LII	NDAHL et al.	RESPONSE UNDER 37 C.F.R. § 1.116						
Applica	tion No.: 09/700,177	) Group Art Unit: 1615						
Filed: J	January 29, 2001	) Examiner: Blessing M. Fubara						
	BIOLOGICALLY ACTIVE COMPOSITION	Examiner: Blessing M. Fubara CH CENTER 1600/2900						
	AMENDMENT/REPLY TR	ANSMITTAL LETTER						
	nt Commissioner for Patents gton, D.C. 20231							
Sir:								
En	closed is a reply for the above-identified pat	ent application.						
[X]	A Petition for Extension of Time is also	enclosed.						
[X]	A Terminal Disclaimer and a check for [ ] \$55.00 (2814) [X ] \$110.00 (1814) to cover the requisite Government fee are also enclosed.							
[ ]	Also enclosed is							
[ ]	Small entity status is hereby claimed.							
[ ]	] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).							
	[ ] Applicant(s) previously submitted _ requested.	_, on, for which continued examination is						
[ ]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.							
[ ]	A Request for Entry and Consideration (146/246) is also enclosed.	of Submission under 37 C.F.R. § 1.129(a)						
ſX	No additional claim fee is required.							

[ ] An additional claim fee is required, and is calculated as shown below:

		AMENDED	CLAIMS	3	
	No. OF CLAIMS	Highest No. Of Claims Previously Paid for	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	15	MINUS 42 =	-0-	× \$18.00 (1202) =	-0-
Independent Claims	1	MINUS 3 =	-0-	× \$84.00 (1201) =	-0-
If Amendment adds multiple dependent claims, add \$280.00 (1203)					
Total Amendment Fee					-0-
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONA	L FEE DUB	FOR THIS AME	NDMENT		-0

[	]	A claim fee	in the amount of \$	_ is enclosed.
[	]	Charge \$	to Deposit Account	No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: Deborah H. Yellin

Registration No. 45,904

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: February 24, 2003



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Group Art Unit: 1615	
Examiner: Blessing M. Fubara	
Confirmation No.: 2132	
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INAL DISCLAIMER 7 2003	Z
	Examiner: Blessing M. Fubara  Confirmation No.: 2132

Sir:

Attached please find an executed Terminal Disclaimer in connection with the application identified above.

A check for [ ] \$55.00 (2814) [x ] \$110.00 (1814) to cover the requisite Government fee is also attached. The Commissioner is authorized to charge any fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

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